U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF: Carmen Powell
COURT CASE NUMBER: 07CV1836 JAH(JMA)

DEFENDANT: Dr Morteza Mirkarimi
TYPE OF PROCESS: Summons and Complaint

FILED 2008 JAN 11 AM 9:01 CLERK US DISTRICT COURT SOUTHERN DISTRICT OF CALIFORNIA BY DEPUTY

SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN: Dr Mirkarimi

AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code): 3058 Clairemont Dr, San Diego Ca 92117

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Carmen Powell
372 Bay Leaf Dr
Chula Vista, Ca 91910

Number of process to be served with this Form - 285: 1

Number of parties to be served in this case: 1

Check for service on U.S.A.

RECEIVED 2007 DEC 27 U.S. MARSHAL SOUTHERN DISTRICT OF CALIFORNIA

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE *(Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):*

619 275-5570 Clairemont Family Med Ctr
3058 Clairemont Dr
San Diego, Ca 92117

Signature of Attorney or other Originator requesting service on behalf of: [signature] ☒ PLAINTIFF ☐ DEFENDANT

TELEPHONE NUMBER: 619 420-4204

DATE: 12/26/07

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. *(Sign only first USM 285 if more than one USM 285 is submitted)*	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
	1	No. 98	No. 98	[signature]	12/27/07

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above *(See remarks below)*

Name and title of individual served *(if not shown above)*: June Guerrero, Receptionist

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address *(complete only if different than shown above)*:

Date of Service: 1/4/08 Time: 1545 am (pm)

Signature of U.S. Marshal or Deputy: [signature]

Service Fee	Total Mileage Charges *(including endeavors)*	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS:

1st attempt: 12/31/07 at 1530, closed for holiday.

PRIOR EDITIONS MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/80)